

M21 000012323

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

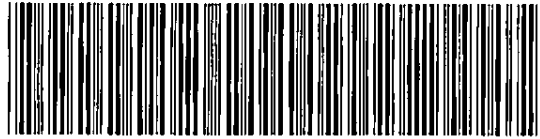
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700423096287

2024 FEB 13 AM 9:49
STATE
OF FL

10

2024 FEB 13 AM 11:20
STATE
OF FL

RECEIVED

R. HUNT
02/13/24



CSC - Tallahassee
 1201 Hays Street
 Tallahassee, FL 32301-2607
 850-558-1500, Ext:

To: Department Of State, Division Of Corporations
 From: Shauna Godbolt
 Ext:
 Date: 02/13/24
 Order #: 1418965-4
 Re: Stake Center Locating, LLC
 Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Amount to be deducted from our State Account: ~~\$65~~ - FL State Account Number:

120000000195

AUTH:

Shauna Godbolt

Please take the following action:

File in your office on basis

Issue Proof of Filing

issue certified copy

Special Instructions:

RECEIVED
 FEB 13 2024
 6:16 PM
 9:49

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STAKE CENTER LOCATING, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHELLE KIRKMAN

Name of Person

STAKE CENTER LOCATING, LLC

Firm/Company

7027 ALBERT PICK RD, SUITE 200

Address

GREENSBORO, NC 27409

City/State and Zip Code

MICHELLE.KIRKMAN@STAKECENTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELLE KIRKMAN

Name of Person

at (336) 515-7521

Area Code & Daytime Telephone Number

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

\$25 Filing Fee

\$30 Filing Fee &

Certificate of Status

\$55 Filing Fee &

Certified Copy

\$60 Filing Fee,

Certificate of Status &

Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: STAKE CENTER LOCATING, LLC

Enter new principal office address, if applicable: 7027 ALBERT PICK RD, SUITE #200

(Principal office address
MUST BE A STREET ADDRESS) GREENSBORO, NC 27409

Enter new mailing address, if applicable:

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000012323

3. Jurisdiction of its organization: UT

4. Date authorized to do business in Florida: 09/17/2021

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PRES	BAER, GEORGE L	7027 ALBERT PICK RD SUITE 200	<input type="checkbox"/> Add
		GREENSBORO, NC 27409	<input checked="" type="checkbox"/> Remove
DIR	MERGENS, ANTHONY J	7027 ALBERT PICK RD SUITE 200	<input type="checkbox"/> Add
		GREENSBORO, NC 27409	<input checked="" type="checkbox"/> Remove
DIR	STONE, JEREMY	7027 ALBERT PICK RD SUITE 200	<input type="checkbox"/> Add
		GREENSBORO, NC 27409	<input checked="" type="checkbox"/> Remove
SEC	MARTIN, HEATH	7027 ALBERT PICK RD SUITE 200	<input type="checkbox"/> Add
		GREENSBORO, NC 27409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Typed or printed name of signee

6/16/17 3:41:19 PM
 STATE OF NC
 SECRETARY OF STATE

Filing Fee: \$25.00

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
CEO	MARTIN, HEATH	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
CIO	KENNEDY, DAVID	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove
MGR	CROUCH, ANDREW	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove
MGR	ABINADER, ANTHONY	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

FILED
MAR 11 2019
AM 9:49
CLERK OF SUPERIOR COURT
GREENSBORO, NC

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KRISHNAMURTHY, ARVIND	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove
MGR	BAER, GEORGE	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove
MGR	MARTIN, HEATH	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove
MGR	SCHWEIZER, RONALD R	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove
MGR	BELFORD, ANTHONY	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Typed or printed name of signee

Filing Fee: \$25.00

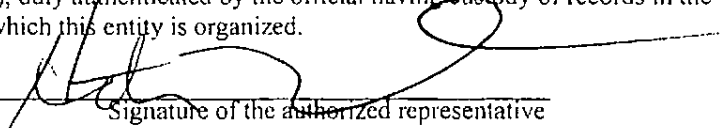
RECEIVED
JUN 16 11 09 AM '09

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	WHITCHER, DAVID	7027 ALBERT PICK RD SUITE 200	<input checked="" type="checkbox"/> Add
		GREENSBORO, NC 27409	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



 Signature of the authorized representative

HEATH MARTIN

 Typed or printed name of signee

Filing Fee: \$25.00